

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                               |  |
|-------------------------------|--|
| <b>Application Number</b>     | 10/199,395   |
| <b>Filing Date</b>            | July 19, 2002  |
| <b>First Named Inventor</b>   | Christopher S. Jochumson                                     |
| <b>Title</b>                  | METHOD AND SYSTEM FOR<br>NETWORK-BASED SPEECH<br>RECOGNITION |
| <b>Art Unit</b>               | 2654   |
| <b>Examiner Name</b>          | Martin Lerner  |
| <b>Attorney Docket Number</b> | 022207-000000US  |

I hereby appoint:

☒ Practitioners associated with the Customer Number

**20350**

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

**SIGNATURE of Applicant or Assignee of Record**

Name

**Michael Pendergast**

Signature

*[Handwritten Signature]*

Date

**March 18 2002**

Telephone

**650.246.6006**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.